

ORIGINAL

12

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN**Theodore Levin United States Courthouse
231 W. Lafayette, Room 564
Detroit, Michigan 48226Case: 2:06-cv-11608
Assigned To: Cleland, Robert H
Referral Judge: Majzoub, Mona K
Filed: 04-04-2006 At 01:30 PM
PRIS JOHNSON V DR. MATI, ET AL (EW)**Prisoner Civil Rights Complaint for Cases Brought Under 42 U.S.C. § 1983**

Plaintiff's Information			
Name WILL HENRY JOHNSON			Inmate Number 112495
Place of Confinement PARNALL CORRECTIONAL FACILITY			
Street 1790 E. PARNALL ROAD	City JACKSON	State MI	Zip Code 49201

Any additional plaintiffs to this action should be listed on a separate 8 ½ x 11" sheet of paper and securely attached to the back of this complaint. Please provide names, inmate numbers, and addresses for each plaintiff.

Defendant's Information (This information must be current)		
Name DR. MATI, DR. CONNY, DR. JOHNSON, DOCTOR MATI, Respondents.		Position MDOC Medical Doctors
Street or P. O. Box Number 1790 East Parnall Road		
City JACKSON	State MICHIGAN	Zip Code 49201-7139

Are you suing this defendant in his/her personal capacity, official capacity, or in both capacities?

☐ Personal☐ Official☒ Both Capacities

Any additional defendants to this action should be listed on a separate 8 ½ x 11" sheet of paper and securely attached to the back of this complaint. Please provide their names, positions, and current addresses, and the capacity (personal or official) in which you are suing the defendants.

I. PREVIOUS LAWSUITS

Have you begun any other lawsuits in state or federal court relating to your imprisonment?

YES ☐NO ☒

If "YES", complete following section; if "NO", proceed to Part II.

Please list all prior civil actions or appeals that you have filed in federal court while you have been incarcerated.¹

Docket Number:	N/A
Name of Court:	
Parties (Caption or Name of Case):	
Disposition:	

Docket Number:	N/A
Name of Court:	
Parties (Caption or Name of Case):	
Disposition:	

Docket Number:	N/A
Name of Court:	
Parties (Caption or Name of Case):	
Disposition:	

Note: Any additional civil actions should be listed on a separate sheet of 8 ½ x 11" paper.

¹ This notification is pursuant to 28 U.S.C. § 1915(g).

II. ADMINISTRATIVE REMEDIES

1. If you are in the custody of the State of Michigan or one of its subdivisions, did you:

File a grievance with the Step 1 Grievance Coordinator?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Appeal to the Step 2 Grievance Coordinator?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Appeal to the Step 3 Grievance Coordinator?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Seek a rehearing?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Seek State Circuit court review of a misconduct hearing?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

If you did not take one or more of the steps, please explain why:

N/A

2. If you are a federal detainee, prisoner, or parolee and if your claim concerns parole, did you appeal to the National Appeals Board of the United States Parole Commission?

YES ☐ NO ☒

If not, explain why: N/A

3. If you are a federal detainee, prisoner, or parolee, and if your claim involves something other than parole, did you:

Attempt to resolve your complaint informally?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
File a formal complaint?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Appeal to the warden?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Appeal to the Regional Director of the Bureau of Prisons?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Appeal to General Counsel for the Bureau of Prisons?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If not, explain why:

N/A

III. STATEMENT OF FACTS

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include the names of other people, dates, and places involved in the incident. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim on blank 8 ½ x 11" sheets of paper and attach them to the last page of this complaint.

(1.) Doctor Mati, as Head of Health Services did in fact fail to properly treat and/or diagnose my symptoms, she also ignored all my requests for treatment, and did infact failed to provide me with the proper prescribed medications, causing a delay in adequate treatment, rendering me completely disable.

(2) Doctor Conny, as Doctor at SMT Health Service did in fact fail to treat, and provide me with reasonable Health Care, he ignored any written request for treatment and also mis-diagnosed my health condition as being Parkinson Disease, his treatment was sub-standard and demonstrated indifference to my medical needs, by giving me the wrong medication for my health condition...and also delaying much needed treatment causing mental and emotional anguish stress, depression, and causing further disability by failure to refer me to a Specialist, and in which this delay made my health condition to worsen.

(3.) Doctor Johnson, as a doctor at SMT Health Service did in fact ignored, and failed to properly treat and diagnose my health condition, he demonstrated indifference to my pleas for proper treatment and by his failure to refer me to a Specialist which did in fact hinder and delayed a chance at recovery.

(See Attachment for Step I, Step Two, and Step Three Grievance Procedure and other attachments.)

IV. RELIEF

State briefly and exactly what you want the Court to do for you.

Compensate me for their indifference because I have been deprived of my Medical Health concerns which are serious enough to amount to the wanton and unnecessary infliction of pain, the length of time that I was subjected to pain and suffering in my case alone plays a significant part in determining whether the denial of care was deliberate indifference, which is a violation of my Eighth and Fourteenth Amendment. The law requires the MDOC to provide inmates with medically necessary health care services, defined as those "that are determined by the attending physician to be reasonable and necessary to protect life, prevent significant illness or disability, or alleviate severe pain, and are supported by health outcome data as being effective medical care."

I, therefore, request that this Court GRANT Plaintiff's request for damages of 3.5 Million Dollar Settlement.

I declare under penalty or perjury that the foregoing is true and correct.

3/29/06

(Date)

Will H. Johnson

(Your Signature)

STATEMENT OF FACTS

Statement of Facts: During the month of July-August 2002, I begun feeling numbness in my hands, 2 to 3 months after continuous discomfort, I sent a kite to health services, at Parnall Correctional Facility in Jackson, MI, 49201, on numerous occasions I'd seen a nurse who stated that "this was a common occurrence among older people." I am 65 years of age, and the nurse had suggested that I run hot water over my hands, and take aspirin, none of these suggestions worked or brought relief, this went on for months, and no major treatment was ever given. Then around mid to late 2003 I was treated for what was suspected to be Parkinson's disease; (by Dr. Johnston) this after months of ignoring both my symptoms and my requests for treatments, after 30 days of medication therapy (pills) on restricted med-line. I had informed the Medical Doctor that the symptoms had not changed, and at that point, Dr. Johnston referred me to a Specialist at Duane Waters Hospital. But, this doctor did in fact examine my fingers and hands. But, he failed to inform me as to what this condition was caused by. After a few months and more complaints back to see health service, Dr. Conney once again I was referred to a Specialist (Dr. Raul) at Duane Water Hospital, and at this time, Dr. Raul recommended that I have surgery immediately. This was around September, 2004. However this doctor had stated after his first examination "why did they wait so long, to give me treatment?" He felt that I should have been seen about this condition much sooner, Dr. Raul said because of the delay, I had become partially paralyzed, and that the surgery would stop any further paralysis, currently I need help walking with the use of a walker, it is my belief that if I had been treated promptly for, this condition, I would not be completely disable, which I am, my walker, cane, and neck brace was issued December, 2004.

Foot Note: The Doctors named in this action each did ignored, neglected, and delayed prompt medical treatment, Dr. Mati being the primary health care Doctor did in fact failed to consider the nature and substance of my request for treatment. Doctor Johnston did in fact ignored all my written requests to follow up with first Specialist without the proper consultation of a Specialist, thus delaying my treatment. Doctor Conney also did not properly evaluate, Diagnosed, nor treated my condition and failed to refer me to a Specialist, he treated me for Parkinson Disease and ignored and neglected to consider the nature and substance of my condition, by showing indifference to my written and oral request for proper treatment, thus rendering me partially paralyzed...

Please see additional statement of facts below.

Signed by Will Johnson: Will N. Johnson # 112495

Dated: 3 129 106

(Please see attachments)

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM4835-4247 10/94
CSI-247ADate Received at Step I 9-9-05 Grievance Identifier: SMT 0509012101203

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Will Johnson	112495	SMT	20-B-10	ONGOING	9-6-05

What attempt did you make to resolve this issue prior to writing this grievance? On what date? on a number
If none, explain why. of occasions I've attempted to speak withHealth Service Staff 00, 01, 02, 03, 04 to present now
Because of Delays I'm ~~permanently~~ Permanately Disable

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used.

Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130. Doctors from C.M.S.Health Services have failed to properly Treat a pre-existing
Medical Condition, Drs. Mat, Dr. Johnston and Dr. Conney
all Ignored Inmate Johnson's concerns and by doing
so caused him to suffer IRREVERSIBLE Damage
These Doctors Delayed Referring Inmate to a Specialist
for OVER a Year (2003 SEE RECORDS) Because of this
Neglect Inmate Johnson is Permanately DisableWill Johnson
Grievant's SignatureRESPONSE (Grievant Interviewed?) ☒ Yes ☐ No If No, give explanation. If resolved, explain resolution.)See attachedRichardson
Respondent's Signature
Richardson
Respondent's Name (Print)9-16-05
Date
RJ
Working TitlePeggy Lee
Reviewer's Signature
Peggy Lee
Reviewer's Name (Print)9/20/05
Date
RN Aoun
Working TitleDate Returned to
Grievant: 9/20/05If resolved at Step I, Grievant sign here.
Resolution must be described above.

Grievant's Signature

Date

Step 1 Grievance Response

Grievance Number:	112495-00-12495-00
Prisoner Name:	Johnson, Will
Prisoner Number:	112495

Prisoner	<input checked="" type="checkbox"/>	was	<input type="checkbox"/>	was NOT interviewed. GIVE REASON:
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SUMMARY OF COMPLAINT:

Grievant contends he has not received timely health care causing permanent disability

INVESTIGATION INFORMATION

Review of record shows grievant has been treated for Degenerative Joint Disease of the spine for 11 years. This is a progressive, debilitating condition. He was told by Neurosurgeon, Dr Rawal on 10/08/04 he would not get better and likely would continue to have pain. He is seen regularly by Dr Kuzma (1/26/05, 2/24/05, 3/24/05, 4/6/05, 5/26/05, 7/6/05, and 8/23/05) and appropriate specialist referrals have been made.

APPLICABLE POLICY, PROCEDURE, ETC.

FD 03-04-100

SUMMARY

Research shows grievant has been given appropriate medical care for a long-standing, debilitating condition

RESPONDENT NAME:	D. Richardson	TITLE:	RN
RESPONDENT SIGNATURE:	<i>D. Richardson</i>	DATE:	8/16/05
REVIEWER NAME:	P. Lee	TITLE:	RN/AHUM
REVIEWER SIGNATURE:	<i>P. Lee</i>	DATE:	9/16/05

CHICAGO DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

Date Received by Grievance Coordinator
 at Step II: _____

MICHIGAN DEPT. OF CORRECTIONS
 Grievance ID: PRISONER AFFAIRS 110509112101243

4835-4248 12/97
 CSJ-247 B

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: Regional Health Care by 10-5-05. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
<u>W. Johnson</u>	<u>112495</u>	<u>SMT</u>	<u>2010</u>	<u>ONGOING</u>	<u>9-29-05</u>

STEP II--Reason for Appeal

STEP (I) ONE GRIEVANCE HAS NOT BEEN
addressed OR Resolved TO INMATES Satisfaction.
Health Services (CMS) AND it's NAMED Doctor's
'see GRIEVANCE' Have Ignored The Magnitude of
DAMAGE done by the INDIFFERENCE TO THE INMATES
Medical Needs and concerns, See Medical
RECORDS...

STEP II--Response

Date Received by
 Step II Respondent:

See attached.

Alfred Jones
 Respondent's Name (Print)

Alfred Jones
 Respondent's Signature

10-31-05
 Date

Date Returned to
 Grievant:

11-2-05

STEP III--Reason for Appeal

IN Spite of The NUMEROUS VISITS
TO health SERVICES OVER THE years, They have
Neglected TO properly Treat MY Condition in a
Timely Manner, AND ONLY Refereed Me To a
NEUROSURGEON in Later Stages of Condition.

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III--Director's Response is attached as a separate sheet.

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

DISTRIBUTION: White--Central Office; Green - Canary --Step III; Pink--Step II; Goldenrod--Grievant

Step II Grievance Appeal Response

SMT 05090 1210 12D3

Johnson

112495

SMT

Summary of Step I Complaint:

Grievant contends he has not received timely health care causing permanent disability.

Summary of Step I Response:

Review of record shows grievant has been treated for Degenerative Joint Disease of the spine for 11 years. This is a progressive, debilitating condition. He was told by Dr. Rawl, Neurosurgeon on 10-8-04 he would not get better and likely would continue to have pain. He is seen regularly by Dr. Kuzma (1-26-05, 2-24-05, 3-24-05, 4-6-05, 5-26-05, 7-6-05 and 8-23-05) and appropriate specialist referrals have been made.

Summary of Reason for Appeal:

Step one response have not addressed or resolved grievant's issue.

Summary of Step II Investigation:

Grievant complaint regarding timely health care was appropriately responded to in step one.

Conclusion:

Appropriate medical treatment was provided for grievant's health care issue.

Based on the above, your grievance is considered _____ denied _____ at Step II.

Alfred Jones
Respondent's Name (Print)

Alfred Jones
Respondent's Signature

10-31-05
Date

CIVIL COVER SHEET FOR PRISONER CASES

Name of 1 st Listed Plaintiff Will Henry Johnson	Name of 1 st Listed Defendant Dr. Mati et al
Inmate Number: 112495	Defendant's County of Residence (If located in Michigan) Jackson

FACILITIES, LISTED ALPHABETICALLY

Case: 2:06-cv-11608

Assigned To: Cleland, Robert H

Referral Judge: Majzoub, Mona K

Filed: 04-04-2006 At 01:30 PM

PRIS JOHNSON V DR. MATI, ET AL (EW)

JONAL FACILITY
IVE

RECTIONAL

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> ALGER MAXIMUM CORRECTIONAL FACILITY
INDUSTRIAL PARK DRIVE
P.O. BOX 600
MUNISING, MI 49862
ALGER COUNTY | <input type="checkbox"/> FLORENCE CRANE CORRECTION FACILITY
38 FOURTH STREET
COLDWATER, MI 48038
BRANCH COUNTY | | |
| <input type="checkbox"/> BARAGA MAXIMUM CORRECTIONAL FACILITY
301 WADAGA ROAD
BARAGA, MI 49808
BARAGA COUNTY | <input type="checkbox"/> G. ROBERT COTTON CORRECTION FACILITY
3500 N. ELM ROAD
JACKSON, MI 49201
JACKSON COUNTY | ST. LOUIS, MI 48880
GRATIOT COUNTY | 47500 FIVE MILE ROAD
PLYMOUTH, MI 48170
WAYNE COUNTY |
| <input type="checkbox"/> BELLAMY CREEK CORRECTIONAL FACILITY
1727 W. BLUEWATER HIGHWAY
IONIA, MI 48846
IONIA COUNTY | <input type="checkbox"/> GUS HARRISON CORRECTIONAL FACILITY
2727 E. BEECHER STREET
ADRIAN, MI 49221
LENAAWEE COUNTY | <input type="checkbox"/> MOUND CORRECTIONAL FACILITY
17601 MOUND ROAD
DETROIT, MI 48212
WAYNE COUNTY | <input type="checkbox"/> RYAN CORRECTIONAL FACILITY
17600 RYAN ROAD
DETROIT, MI 48212
WAYNE COUNTY |
| <input type="checkbox"/> BOYER ROAD CORRECTIONAL FACILITY
10274 BOYER ROAD
CARSON CITY, MI 48811
MONTCALM COUNTY | <input type="checkbox"/> HANDLON MICHIGAN TRAINING UNIT
1728 BLUEWATER HIGHWAY
IONIA, MI 48846
IONIA COUNTY | <input type="checkbox"/> MUSKEGON CORRECTIONAL FACILITY
2400 S. SHERIDAN DRIVE
MUSKEGON, MI 48442
MUSKEGON COUNTY | <input type="checkbox"/> SAGINAW CORRECTIONAL FACILITY
9825 PIERCE ROAD
FREELAND, MI 48823
SAGINAW COUNTY |
| <input type="checkbox"/> CARSON CITY CORRECTIONAL FACILITY
10522 BOYER ROAD
CARSON CITY, MI 48811
MONTCALM COUNTY | <input type="checkbox"/> HIAWATHA CORRECTIONAL FACILITY
4533 W. INDUSTRIAL PARK DRIVE
KINCHELOE, MI 49786-0001
CHIPPEWA COUNTY | <input type="checkbox"/> NEWBERRY CORRECTIONAL FACILITY
3001 NEWBERRY AVENUE
NEWBERRY, MI 49868
LUCE COUNTY | <input type="checkbox"/> SOUTHERN MICHIGAN CORRECTIONAL FACILITY
4002 COOPER STREET
JACKSON, MI 49201
JACKSON COUNTY |
| <input type="checkbox"/> CHARLES EGELER RECEPTION AND GUIDANCE CENTER
3855 COOPER STREET
JACKSON, MI 49201-7547
JACKSON COUNTY | <input type="checkbox"/> HURON VALLEY CENTER
3511 BENIS ROAD
YPSILANTI, MI 48197
WASHTENAW COUNTY | <input type="checkbox"/> OAKS CORRECTIONAL FACILITY
1500 CABERFAE HIGHWAY
EASTLAKE, MI 49626-0038
MANISTEE COUNTY | <input type="checkbox"/> ST. LOUIS CORRECTIONAL FACILITY
8585 N. CROSWELL ROAD
ST. LOUIS, MI 48880
GRATIOT COUNTY |
| <input type="checkbox"/> CHIPPEWA CORRECTIONAL FACILITY
4289 W. M-80
KINCHELOE, MI 49784
CHIPPEWA COUNTY | <input type="checkbox"/> HURON VALLEY CORRECTIONAL FACILITY
3201 BENIS ROAD
YPSILANTI, MI 48197
WASHTENAW COUNTY | <input type="checkbox"/> OJIBWAY CORRECTIONAL FACILITY
N5705 OJIBWAY ROAD
MARENISCO, MI 49947-9771
GOGEBIC COUNTY | <input type="checkbox"/> STANDISH MAXIMUM CORRECTIONAL FACILITY
4713 W. M-81
STANDISH, MI 48668
ARENAC COUNTY |
| <input type="checkbox"/> COOPER STREET CORRECTIONAL FACILITY
3100 COOPER STREET
JACKSON, MI 49201
JACKSON COUNTY | <input type="checkbox"/> IONIA MAXIMUM CORRECTIONAL FACILITY
1576 W. BLUEWATER HIGHWAY
IONIA, MI 48846
IONIA COUNTY | <input checked="" type="checkbox"/> PARNALL CORRECTIONAL FACILITY
1780 E. PARNALL
JACKSON, MI 49201
JACKSON COUNTY | <input type="checkbox"/> STRAITS CORRECTIONAL FACILITY
4387 W. M-80
KINCHELOE, MI 49788-0001
CHIPPEWA COUNTY |
| <input type="checkbox"/> DEERFIELD CORRECTIONAL FACILITY
1755 HARWOOD ROAD
IONIA, MI 48848
IONIA COUNTY | <input type="checkbox"/> KINROSS CORRECTIONAL FACILITY
18770 S. WATERTOWER DRIVE
KINCHELOE, MI 49788
CHIPPEWA COUNTY | <input type="checkbox"/> PARR HIGHWAY CORRECTIONAL FACILITY
2727 E. BEECHER STREET
ADRIAN, MI 49221
LENAAWEE COUNTY | <input type="checkbox"/> THUMB CORRECTIONAL FACILITY
3228 JOHN CONLEY DRIVE
LAPEER, MI 48446
LAPEER COUNTY |
| <input type="checkbox"/> EARNEST C. BROOKS CORRECTIONAL FACILITY
2500 S. SHERIDAN DRIVE
MUSKEGON HEIGHTS, MI 49444
MUSKEGON COUNTY | <input type="checkbox"/> LAKELAND CORRECTIONAL FACILITY
141 FIRST STREET
COLDWATER, MI 49038
BRANCH COUNTY | <input type="checkbox"/> PINE RIVER CORRECTIONAL FACILITY
320 N. HUBBARD
ST. LOUIS, MI 48880
GRATIOT COUNTY | <input type="checkbox"/> WAYNE COUNTY JAIL
670 CLINTON STREET
DETROIT, MI 48226
WAYNE COUNTY |
| <input type="checkbox"/> FEDERAL CORRECTIONAL INSTITUTION - MILAN
P.O. BOX 1000
MILAN, MI 48150-1090
WASHTENAW COUNTY | <input type="checkbox"/> MACOMB CORRECTIONAL FACILITY
34625 26 MILE ROAD
NEW HAVEN, MI 48048
MACOMB COUNTY | <input type="checkbox"/> PUGSLEY CORRECTIONAL FACILITY
7401 EAST WALTON ROAD
KINGSLEY, MI 49649
GRAND TRAVERSE COUNTY | <input type="checkbox"/> WEST SHORELINE CORRECTIONAL FACILITY
2500 S. SHERIDAN DRIVE
MUSKEGON HEIGHTS, MI 48444
MUSKEGON COUNTY |

OFFICE USE ONLY

PLAINTIFF ADDRESS: (IF NOT ABOVE)	BASIS OF JURISDICTION <input type="checkbox"/> 2 US GOVERNMENT DEFENDANT <input checked="" type="checkbox"/> 3 FEDERAL QUESTION <input type="checkbox"/> 4 DIVERSITY	ORIGIN <input checked="" type="checkbox"/> 1 ORIGINAL PROCEEDING <input type="checkbox"/> 2 REMOVED FROM STATE COURT <input type="checkbox"/> 5 TRANSFERRED FROM ANOTHER DISTRICT COURT	FEE STATUS <input checked="" type="checkbox"/> 1 FIP IN FORMA PAUPERIS <input type="checkbox"/> 2 WAI WAIVED <input type="checkbox"/> 3 PD PAID
PLAINTIFF'S COUNTY OF RESIDENCE	NATURE OF SUIT <input type="checkbox"/> 510 MOTION TO VACATE <input type="checkbox"/> 530 HABEAS CORPUS <input type="checkbox"/> 535 HABEAS/DEATH PENALTY <input type="checkbox"/> 540 MANDAMUS <input checked="" type="checkbox"/> 550 CIVIL RIGHTS <input type="checkbox"/> 555 PRISON CONDITIONS	JURY DEMAND CHECK YES ONLY IF DEMANDED IN COMPLAINT <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	CASE OPENING <input checked="" type="checkbox"/> OPEN AS CV <input type="checkbox"/> NO CREDIT REASSIGN TO (MOTION TO VACATE - 2255)

PURSUANT TO LOCAL RULE 83.11

1. Is this a case that has been previously discontinued or dismissed?

☐ Yes☒ No

If yes, give the following information:

Court: _____

Case Number: _____

Judge: _____

2. Other than stated above, are there any pending or previously discontinued or dismissed companion cases in this or any other court, including state court? (*Companion cases are matters in which it appears substantially similar evidence will be offered or the same or related parties are present and the cases arise out of the same transaction or occurrence.*)

☐ Yes☒ No

If yes, give the following information:

Court: _____

Case Number: _____

Judge: _____

Notes: _____